PART B - FEE(S) TRANSMITTAL

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		PADEMANT				(Depositor's name)	
		PADENA	(Signature)				
							(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
09/548,659	04/13/2000		Daniel I. Flitcroft	032668-004 7683			
TITLE OF INVENTI FINANCIAL TRANSAC				SS-TO-PERSON,		BUSINESS-TO-BU	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	
nonprovisional	NO	\$1440	\$0	\$0		\$1440	10/10/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS]			
POINVIL, FRANTZY		3692	705-044000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	/pe)	_		
PLEASE NOTE: Uni	less an assignee is ident h in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on the part of the part o	patent. If an assign assignment.	nee is id	lentified below, the d	locument has been filed for
(A) NAME OF ASSI	(B) RESIDENCE: (CIT	RESIDENCE: (CITY and STATE OR COUNTRY)					
ORBIS P	ATENTS LIMIT	COUNTY DUBLIN, IRELAND					
Please check the appropr	iate assignee category o	categories (will not be p	rinted on the patent):	Individual 🙀 C	orporati	on or other private gr	oup entity Government
4a. The following fee(s) Issue Fee Publication Fee (N Advance Order	lo small entity discount	 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form). 					
5. Change in Entity Sta			5				
a. Applicant claim	s SMALL ENTITY state	us. See 37 CFR 1.27.	b. Applicant is no lo				
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Authorized Signature		W E	a.	Au Date 81 FC	gust 1501	20, 2008	<u> </u>
Typed or printed nam	c Charles F.	Wieland III		02 FC : Registration 1	:8001 No3	6.00 M 3,096	H

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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